

**SUMMARY FORM****COLLECTIVE BARGAINING AGREEMENT  
PUBLIC SECTOR / NON-POLICE & NON-FIRE****Section I: Agreement Details**

Public Employer: Township of Hamilton County: Atlantic

Employee Organization: Teamsters Union Local 331, IBT Employees in Unit: 44

Base Year Contract Term: 1/1/2012 12/31/2014 New Contract Term 1/1/2015 12/31/2017

Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☒ Voluntary Settlement ☐ Super Conciliation

		Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
<b>Section II: Economic</b>			
Item 1 .....	Salary	\$2,374,362	\$2,374,362
Item 2 .....	Increment		\$47,487
Item 3 .....	Longevity		
Item 4 .....	College Incentive	\$6,953	\$6,953
Item 5 .....			
Item 6 .....			
Item 7 .....			
Item 8 .....			
Item 9 .....			
Item 10 .....			
Item 11 .....			
Item 12 .....			
Any additional items list on separate sheet Additional Items			
<b>Section III: Totals</b> - Sum of costs in each column		\$2,381,315	\$2,428,802
		(Total)	(Total)

**Section IV: Analysis of new successor agreement****NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$2,381,315

Effective Date (m/d/yyyy)	<u>1/1/2015</u>	<u>1/1/2016</u>	<u>1/1/2017</u>			
Percent Increase .....	<u>2%</u>	<u>2%</u>	<u>2%</u>			
Total cost of increase ..	<u>\$47,487</u>	<u>\$48,437</u>	<u>\$49,406</u>			
Total base salary (successor agreement) .....	<u>\$2,428,802</u>	<u>\$2,477,239</u>	<u>\$2,526,645</u>			

**Section V: Impact of Settlement - average annual increase over term of agreement**

Percentage Impact (average per year over term of agreement) 2.00

Dollar Impact (average per year over term of agreement) \$48,443.00

**Section VI**

Health Insurance (indicate costs associated on each line)

	Base Year	Year 1				
Cost of Health Plan .....	\$700,395	\$765,664				
Employee Contributions .....	\$57,413	\$85,109				
Prescription .....	\$183,225	\$197,518				
Dental .....	\$50,601	\$28,708				
Vision .....	\$10,980	\$6,608				

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

**Section VII**

Prepared by:

Dorothy S. Gallagher

Title: Chief Financial Officer

Print Name

Date: 9/8/2015

Signature

## Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 1/1/2015 thru 12/31/2017.

Employer: Township of Hamilton

County: Atlantic

Date: 9/8/2015

Name: Dorothy S. Gallagher  
Print Name

Title: Chief Financial Officer

Dorothy S. Gallagher  
Signature